

FILED JAN 5 1944  
 Registration District No. 286

Primary Registration District No. 5978

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Ralph  
 (b) City or town Dunnegan Johnson  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 30 years (Specify whether \_\_\_\_\_)  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Ralph  
 (c) City or town Dunnegan (Rural)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2 1/2 mi north west  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Mae Capper  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 26  
 year 1943 hour 11:50 minute 2 M.  
 21. I hereby certify that I attended the deceased from Dec 23  
1943 to Dec 26 1943  
 that I last saw her alive on Dec 25 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Richard Capper (c) Age of husband or wife if alive 78 years  
 7. Birth date of deceased May 28 1871  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Carcinoma of liver  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Carroll County Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House Work  
 11. Industry or business House Keeper  
 12. Name James Newson  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Untermyer  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

16. (a) Informant Mrs Nelson Wallard  
 (b) Address Dunnegan Mo.  
 17. (a) Burial (b) Date thereof Dec 26 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Humansville  
 18. (a) Signature of funeral director Erwin Blue  
 (b) Address Dunnegan Mo.  
 19. (a) Dec: 29-43 (b) Dora M. Reah  
(Date received local Registrar) (Registrar's signature)

23. Signature Roscoe & Newson (M. D. or other) M.D.  
 Address Humansville Mo Date signed 12-29-43

RECEIVED

District Health Officer No. 71

District

Date

12-43-1375  
1-3-94

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William A. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Salvador 140*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**